

**Kentucky's Expense Reimbursement Grant
For Small Drinking Water Operator Training and Certification**

What:

A Kentucky Division of Compliance Assistance Program funded through a grant provided by the federal Safe Drinking Water Act, Section 1419(d), to assist small Kentucky drinking water systems (community and non-transient non-community public water systems serving 3,300 persons or less) in getting and maintaining skilled operators with the required state operator certification for drinking water treatment and/or distribution. Waivers and reimbursement of expenses related to training and testing will be made directly to eligible operators.

Why:

Many small drinking water systems have difficulty paying expenses for potential operators to become trained and certified and as a result struggle to remain compliant with regulatory requirements. As an incentive, this financial assistance opportunity should assist small systems with acquiring and maintaining qualified operators and to prevent non-compliance, further protecting public health and safety.

Who:

Operators, to be eligible, must now operate a public water system with a population served of 3,300 or less. Non-certified operators must have met the minimum requirements for testing at the required certification level, as specified in 401KAR8:030.

Operator Benefits:

Extent of assistance depends on whether an operator is compensated in any way by the water system (salaried) or if he/she is a volunteer or non-compensated by the system (non-salaried). In either case, eligible operators will have fees waived for certification preparatory classes, certification examinations, continuing education classes, and renewal of certifications. Classes are limited to those provided by the Kentucky Division of Compliance Assistance Program. Operators will also receive a treatment or distribution manual at no charge when enrolled in a certification preparatory class and exam. One operator per vehicle will also be granted mileage reimbursement based upon the approved per mile state rate when traveling to and from an approved training class or testing event, provided it is for a distance greater than 40 miles (80 miles roundtrip) from their work station or place of residence, whichever is less. Mileage will be reimbursed at the approved per mile state rate. The state rate is reviewed every three months and updated through the Kentucky Finance Cabinet at the following link: (<http://finance.ky.gov/internal/travel>). Additionally, operators are eligible for reimbursement of meals if traveling during appropriate hours and for lodging if overnight stay is required (at the nearest state park or other approved facility and at an approved rate). Meals will be reimbursed, the rate for breakfast is \$7.00, lunch is \$8.00 and dinner is \$15.00. In order to be reimbursed for such expenses, operators must submit completed travel vouchers, with receipts when appropriate. Requests for reimbursement will be processed as received throughout the grant period, but must be submitted not later than June 30 of the fiscal year during which the expense was incurred (Kentucky's fiscal year runs July 1 through June 30). Operators holding valid certifications (not lapsed) during the grant period will be able to renew them at no charge, but must complete and submit the required renewal application.

Registration for Training and/or Exams:

It is necessary to complete the standard certification application for certification preparatory classes and/or certification examinations.

Time Table:

Operators may request assistance through this grant for events occurring during the period of July 1, 2002 through March 31, 2011 (less time if funds from the grant are exhausted). Individual operator vouchers should be submitted immediately after the event and must be submitted to the Operator Certification Program not later than June 30th of the state's fiscal year during which the event/expenses occurred. The fiscal year runs July 1st through June 30th.

Waivers:

Applications for training classes, exam events and certification renewals will be screened by the Operator Certification Program staff at the time of submittal. Eligible operators will be given waivers for appropriate fees. No payment is necessary from eligible operators participating in approved events. Eligible operators should write "ERG" at top of all submittals pertaining to this grant. State renewal fees for drinking water treatment or distribution certifications of eligible operators will be waived during the grant period. Renewals subject to waiver are limited to those held by operators as of February 5, 1999 (not past due for renewal) and those earned not later than December 31, 2010. Newly acquired certifications being renewed must be done on time, (i.e., by June 30 of even-numbered years).

Reimbursements:

Requests for reimbursement of mileage, lodging, or meals must be submitted on the state's Travel Voucher Form (MARS-34) (samples and blank attached for reproduction and use by operator). These vouchers must be properly completed and have the signature of both the operator and his/her supervisor (or person to whom they report). Receipts for lodging must be attached to the voucher. Fuel costs are covered within the approved mileage reimbursement rate to be reviewed every three months by the Kentucky Finance Cabinet (<http://finance.ky.gov/internal/travel>). Meal reimbursements are at set rates of: Breakfast @ \$7.00; Lunch @ \$8.00; and Dinner @ \$15.00 (in accordance with 200KAR2:006). For a given meal, travel requires an overnight stay and must include the entire block of time shown in order to be eligible (Breakfast is 6:30 am through 9:00 am; Lunch is 11:00 am through 2:00 pm; and Dinner is 5:00 pm through 9:00 pm). Travel vouchers are to be completed and submitted to the Operator Certification Program immediately after a qualifying event and will not be accepted later than June 30th of the state's fiscal year during which the event took place.

Manuals:

When attending an approved certification preparatory training class, operators will be provided the appropriate treatment or distribution manual prior to the course.

More Information:

Contact the Kentucky Operator Certification Program by calling (502) 564-0323 or 1-800-926-8111 or by facsimile @ (502) 564-9720. The mailing address is: Division of Compliance Assistance, Operator Certification Program, 300 Fair Oaks Lane, Frankfort, Kentucky 40601.

ERG EXAMPLE Travel Voucher ERG EXAMPLE

 Page _____ of _____ Date _____ Acct Period _____ Budget FY _____ ☐ New ☐ Modification

Line _____ Invoice Number _____

| Fund | Dept | Unit | Func | S Func | App Unit | Object | Dept Obj | Program | Program Period |
|----------|------------|----------|-------|----------|------------|--------|----------|------------|----------------|
| 1200 | 129 | DCA | BG00 | | | E363 | | ERG01 | O2 |
| Activity | S Activity | Location | S Loc | Rep Code | S Rep Code | Task | S Task | Task Order | |
| | | | | | | | | | |

Check One: ☐ Increase ☐ Decrease Description: _____

| | |
|--|--|
| Traveler ID Traveler Name Your Full Name Department Name Your Water System Name Traveler's Work Station Your Water System Address Traveler's Residence Your Full Address | Single Check <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chk Category EFT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No App Type Scheduled Pay Date Agency Reference Data |
|--|--|

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|----|-----|-----------|--------|----------|-------------------------------|----------------------|----------------------|---------|---------------------|---------|
| | | Departure | Return | From | To | | | | | |
| 8 | 5 | 3:00 PM | | Danville | Rough River State Resort Park | 118 | | \$59.95 | B L D \$15.00 | \$74.95 |

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | | Totals |
|----|-----|-----------|--------|----------|----|----------------------|----------------------|---------|-------------|---------|---------|
| | | Departure | Return | From | To | | | | | | |
| 8 | 6 | | | | | | | \$59.95 | B | \$7.00 | \$89.95 |
| | | | | | | | | | L | \$8.00 | |
| | | | | | | | | | D | \$15.00 | |

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | | Totals | |
|---|-----|-----------|--------|----------|----|----------------------------|----------------------------|---------|-------------|---|---------|---|
| | | Departure | Return | From | To | | | | B | L | | D |
| 8 | 7 | | | | | | | \$59.95 | B \$7.00 | | \$89.95 | |
| | | | | | | | | | L \$8.00 | | | |
| | | | | | | | | | D \$15.00 | | | |
| Purpose: Attend drinking water treatment certification school | | | | | | | | | | | | |

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|--|-----|-----------|---------|-------------------------------|----------|----------------------|----------------------|---------|---------------------------|---------|
| | | Departure | Return | From | To | | | | | |
| 8 | 8 | | 5:00 PM | Rough River State Resort Park | Danville | 118 | | | B \$7.00 L \$8.00 D | \$15.00 |
| Purpose: Attend drinking water treatment certification school and return | | | | | | | | | | |

If mileage claimed was a state car available?

☐ Yes ☒ No

Rode with another state employee

☐ Yes ☒ No

| | | | | | |
|------------------------------------|-----|-----------------|------------|---------|----------|
| Totals for this page | 236 | \$0.00 | \$179.85 | \$90.00 | \$269.85 |
| Enter Mileage from all pages | 236 | Miles x \$ 0.41 | ¢ per mile | | \$96.76 |
| Total Other expenses | | | | | |
| Totals from all continuation pages | | | | | \$0.00 |
| Grand Total | | | | | \$366.61 |

By signing, I hereby certify, subject to the provisions of KRS 523:100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Your signature

Traveler's Signature

Date

Your supervisor's signature

Supervisor's Signature

Date

Agency Head or Authorized Agency's Signature

Date

Cabinet Head's Signature if required

Date



Travel Voucher

ERGPage ____ of ____ Date ____ Acct Period ____ Budget FY ____ ☐ New ☐ Modification

Line ____ Invoice Number ____

| Fund | Dept | Unit | Func | S Func | App Unit | Object | Dept Obj | Program | Program Period |
|----------|------------|----------|-------|----------|------------|--------|----------|------------|----------------|
| 1200 | 129 | DCA | BG00 | | | E363 | | ERG01 | O2 |
| Activity | S Activity | Location | S Loc | Rep Code | S Rep Code | Task | S Task | Task Order | |
| | | | | | | | | | |

Check One: ☐ Increase ☐ Decrease Description: _____

| | |
|-------------------------|--|
| Traveler ID | Single Check <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chk Category _____ EFT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No App Type _____ Scheduled Pay Date _____ Agency Reference Data _____ |
| Traveler Name | |
| Department Name | |
| Traveler's Work Station | |
| Traveler's Residence | |

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|----|-----|-----------|--------|----------|----|----------------------|----------------------|---------|-------------|--------|
| | | Departure | Return | From | To | | | | | |
| | | | | | | | | | B | \$0.00 |
| | | | | | | | | | L | |
| | | | | | | | | | D | |

Purpose: _____

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|----|-----|-----------|--------|----------|----|----------------------|----------------------|---------|-------------|--------|
| | | Departure | Return | From | To | | | | | |
| | | | | | | | | | B | \$0.00 |
| | | | | | | | | | L | |
| | | | | | | | | | D | |

Purpose: _____

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|----|-----|-----------|--------|----------|----|----------------------|----------------------|---------|-------------|--------|
| | | Departure | Return | From | To | | | | | |
| | | | | | | | | | B | \$0.00 |
| | | | | | | | | | L | |
| | | | | | | | | | D | |

Purpose: _____

| Mo | Day | Time of | | Location | | Private Auto Mileage | Tolls and/or parking | Lodging | Subsistence | Totals |
|----|-----|-----------|--------|----------|----|----------------------|----------------------|---------|-------------|--------|
| | | Departure | Return | From | To | | | | | |
| | | | | | | | | | B | \$0.00 |
| | | | | | | | | | L | |
| | | | | | | | | | D | |

Purpose: _____

If mileage claimed was a state car available?

☐ Yes ☐ No

Rode with another state employee

☐ Yes ☐ No

| | | | | | |
|------------------------------------|---------|------------|--------|--------|--------|
| Totals for this page | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Enter Mileage from all pages | Miles x | ¢ per mile | | | \$0.00 |
| Total Other expenses | | | | | |
| Totals from all continuation pages | | | | | \$0.00 |
| Grand Total | | | | | \$0.00 |

By signing, I hereby certify, subject to the provisions of KRS 523:100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Traveler's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Agency Head or Authorized Agency's Signature _____ Date _____

Cabinet Head's Signature if required _____

Date _____

